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SINGAPORE, BRUSSELS**To:**

NAME:	FACSIMILE:	TELEPHONE:
USPTO	(571) 273-8300	

FROM: Barbara M. Hayashi**DATE:** December 15, 2005

Number of pages with cover page:	7	Our Reference 480052000900
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Preparer of this slip has confirmed that facsimile number given is correct: 11487/BMH2**Comments:**

Application No. 10/554,964

Attached: a) Transmittal Form, b) Fee Transmittal, c).Submission of Declaration – 4
pages.

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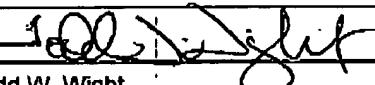
PTO/SB/21 (08-04)

Approved for use through 07/31/2006, OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/554,964
		Filing Date	October 31, 2005
		First Named Inventor	Jurgen DORN
		Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned
Total Number of Pages In This Submission	6	Attorney Docket Number	480052000900

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Submission of Declaration with Supplemental ADS – 4 pages.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Name	MORRISON & FOERSTER LLP, Customer No. 25224
Signature	
Printed name	Todd W. Wight
Date	December 15, 2005
	Reg. No. 45,218

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. 571-273-8300, on the date shown below.

Dated: December 15, 2005

Signature: 

(Barbara Hayashi)

oc-307842

DEC 15 2005

PTO/SB/17 (12-04v2)

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Effective as of 12/03/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

130.00

Complete if Known	
Application Number	10/554,964
Filing Date	October 31, 2005
First Named Inventor	Jurgen DORN
Examiner Name	Not Yet Assigned
Art Unit	Not Yet Assigned
Attorney Docket No.	480052000900

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)	<input type="checkbox"/> Fee (\$)	50	<input type="checkbox"/> Fee (\$)	25
Each independent claim over 3 (including Reissues)	<input type="checkbox"/> Fee (\$)	200	<input type="checkbox"/> Fee (\$)	100
Multiple dependent claims	<input type="checkbox"/> Fee (\$)	360	<input type="checkbox"/> Fee (\$)	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
23	- 23 =	x	=			
2	- 3 =	x	=			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	

4. OTHER FEE(S)
Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): 1051 Surcharge-Late oath or declaration 130.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		45,218	(949) 251-7189
Name (Print/Type)	Todd W. Wight	Date	December 15, 2005

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